

# PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

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Assistant Commissioner for Patents  
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 02/08/2002

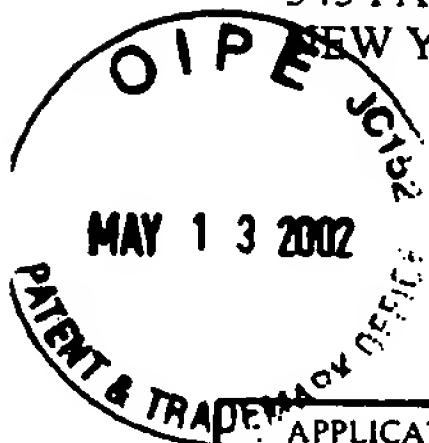
MORGAN & FINNEGAN, L.L.P.  
345 PARK AVENUE  
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## Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/483,831	01/17/2000	Mary Stracke	2026-4149US4	8913

TITLE OF INVENTION: AUTOTAXIN: MOTILITY STIMULATING PROTEIN USEFUL IN CANCER DIAGNOSIS AND THERAPY

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
4	nonprovisional	NO	\$1280	\$0	\$1280	05/08/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROBINSON, HOPE A	1653	530-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

MORGAN & FINNEGAN, L.L.P.  
2 William S. Feiler  
3 Dorothy R. Auth

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Government of the United States of America, as represented by the Secretary,  
Department of Health and Human Services  
Washington, D.C.

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☒ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Dorothy R. Auth (Date) 5/07/02  
Dorothy R. Auth, Reg. No. 36,434

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231

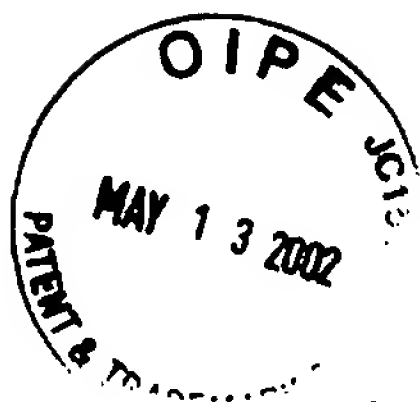
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01 FC:142  
02 FC:561

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TRANSMIT THIS FORM WITH FEE(S)



PATENT  
Confirmation No.: 8913  
Notice of Allowance: February 8, 2002  
Docket No. 2026-4149US4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : STRACKE, M. et al. Group Art Unit: 1653  
Serial No. : 09/483,831 Examiner: Robinson, H.  
Filed : January 17, 2000  
For : AUTOTAXIN: MOTILITY STIMULATING PROTEIN USEFUL  
IN CANCER DIAGNOSIS AND THERAPY

Commissioner for Patents  
Box ISSUE FEE  
Washington, D.C. 20231

ISSUE FEE TRANSMITTAL LETTER

Sir:

In response to the Notice of Allowance and Issue Fee Due mailed February 8, 2002, applicant hereby encloses a check for \$1,310.00 to cover the issue fee due and 10 advances copies of the patent. The Issue Fee Transmittal, form PTOL-85B, is also enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required for this submission, or credit any overpayment to Deposit Account No. 13-4500, Order No. 2026-4149US4. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted,

Dated: May 7, 2002

By: Dorothy R. Auth  
Dorothy R. Auth  
Reg. No. 36,434

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